

Case Number:	CM14-0025389		
Date Assigned:	03/03/2014	Date of Injury:	04/09/2008
Decision Date:	07/03/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/15/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Mississippi. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 48-year-old female who was injured on April 9, 2008. The mechanism of injury is not specified. Subsequent clinical documentation dated February 24, 2014 notes that the injured worker continues to have low back pain with lower extremity radicular symptoms. This document does not provide an examination or indicate which dermatomes are affected. This document does indicate that the injured worker is status post spinal surgery and that the epidural steroid injections requested are a series of three. The utilization review in question was rendered on December 18, 2013. The reviewer non-certified the request for lumbar epidural steroid injections, series of three injections.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

LUMBAR EPIDURAL INJECTION TIMES 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR THE USE OF EPIDURAL STEROID INJECTIONS Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections Page(s): 46.

Decision rationale: The California Medical Treatment Utilization Schedule (CA MTUS) specifically notes that current research does not support a "series of 3 epidural injections in either the diagnostic or therapeutic phase." As such, this request is considered not medically necessary.